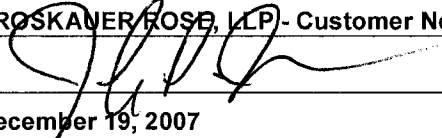


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/526,808
		Filing Dater	June 8, 2005
		First Named Inventor	Dirk ESSER et al.
		Art Unit	1654
		Examiner Name	Cordero Garcia, M.
Total Number of Pages in This Submission	2	Attorney Docket No.	62130-0031

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Restriction Req. <input type="checkbox"/> Response to Missing Parts under 37 (CFR) 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s), please identify below):
Other Enclosures:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	John P. Isacson, Reg. No. 33,715 PROSKAUER ROSE, LLP - Customer No. 61263
Signature	
Date	December 19, 2007

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name			
Signature		Date	

FEE TRANSMITTAL

FY 2007

Complete if Known

Application Serial No.	10/526,808
Filing Date	June 8, 2005
First Named Inventor	Dirk ESSER et al.
Group No.	1654
Examiner Name	Cordero García, M.
Confirmation No.	5544

METHOD OF PAYMENT

☒ Payment Enclosed:

☐ Check ☐ Money Order ☒ Other

☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3840

☒ Required Fees (copy of this sheet enclosed).

☒ Additional fee required under 37 CFR 1.16 and 1.17.

☒ Overpayment Credit.

☒ Applicant claims small entity status.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing	Search	Examination	Fee Paid
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	

Small Entity Discount

1. TOTAL

2. EXCESS CLAIM FEES

	Fee	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.	200	100
Total Claims		Extra Claims
		Fee Paid (\$)

- 20 or HP= _____ x \$ _____ =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee Paid (\$)
---------------	--------------	---------------

- 3 or HP= _____ x \$ _____ =

HP = highest number of total claims paid for, if greater than 3

Multiple Dependent Claims	Fee(\$)	Small Entity fee (\$)	Fee Paid (\$)
	360	180	

2. TOTAL:

3. APPLICATION SIZE FEE

If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
		round up to a whole number	x	=
-100=	0	/50=		0.00

3. TOTAL:

CORRESPONDENCE ADDRESS

Direct all correspondence to:

PATENT ADMINISTRATOR
Proskauer Rose LLP
1001 Pennsylvania Avenue, N.W., Suite 400
Washington, D.C. 20004
Tel. No.: (202) 416-6800
Fax No.: (202) 416-6899
CUSTOMER NO: 61263

FEE CALCULATION (continued)

4. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte re-examination	
120	60	Extension for reply within 1 st mo.	
450	225	Extension for reply within 2 nd mo.	\$230.00
1,020	510	Extension for reply within 3 rd mo.	
1,590	795	Extension for reply within 4 th mo.	
2,160	1,080	Extension for reply within 5 th mo.	
500	250	Notice of Appeal	
500	250	Filing a brief in support of an appeal	
1,000	500	Request for oral hearing	
400	0	Petitions to the Director	
180	180	Submission of IDS	
790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
790	395	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
130	65	Submission of Terminal Disclaimer	
Other fee (Specify)			
Other fee (Specify)			
4. TOTAL:			\$230.00

TOTAL AMOUNT SUBMITTED

(\$) 230.00

SIGNATURE BLOCK

Respectfully submitted,

Date: December 19, 2007
Reg. No.: 33,715
Tel. No.: (202) 416-6800
Fax No.: (202) 416-6899

John P. Isacson
Attorney for the Applicant(s)
Proskauer Rose LLP
1001 Pennsylvania Ave., N.W., #400
Washington, D.C. 20004